

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005394

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 7 1962

1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN MexicoLength of stay in 1b
Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Audrain

c. CITY
OR
TOWN

Mexico

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Audrain
County HospitalInside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
946 West BoulevardReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

RUBY

Middle

BERYL

Last

KNOX

4. DATE
OF
DEATH

Month

Day

Year

February 28, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7-7-93

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

Administrative

10b. KIND OF BUSINESS OR INDUSTRY

Insurance

11. BIRTHPLACE (City and state or country)

Ladonia, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Edward D. Webber

13b. MOTHER'S MAIDEN NAME

Annie L. Green

14. NAME OF HUSBAND OR WIFE

Ralph Knox, Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Miss Daisy M. WEBBER - Mexico, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Abdominal Carcinomatosis

INTERVAL BETWEEN
ONSET AND DEATH

6 mos

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Primary in Rt Colon

DUE TO (c)

2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour - Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1961 to death and last saw her alive on 2-28-62
Death occurred at 3:32 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Name or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

3-2-62

23c. NAME OF CEMETERY OR CREMATORY

Elmwood Cemetery

23d. LOCATION (City, town, or county)

Mexico, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Arnold Funeral Home, Mexico, Mo. March 2-1962 Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

*Amel
ma*

MAR 8 1962

APR 5 1962
AUG 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Richard Y. McDonald*

Licensed Embalmer No. 7825

P. O. Address *Mano V*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

17-00000-00000

17-00000-00000

52-1-0

17-00000-00000

17-00000-00000